## N15486

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## **COVER LETTER**

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TO: Amendment Section Division of Corporations

Inmate Encounte NAME OF CORPORATION:			
N15486 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are			
Please return all correspondence concerning this r	_	1.	
James Lynch			
	(Name of Contac	et Person)	
Inmate Encounter, Inc.			
<del></del>	(Firm/ Comp	pany)	
1230 N. US Hwy. 1, Unit 20			
	(Address	s)	
Ormond Beach, FL 32174			
	(City/ State and 7	Zip Code)	
jim@inmateencounter.org			
E-mail address: (to be	used for future annual	report notifica	tion)
For further information concerning this matter, ple	ease call:		
James Lynch		386 at	673-2964
(Name of Contact Pe	rson)		e) (Daytime Telephone Number)
Enclosed is a check for the following amount mad	le payable to the Flori	da Department	of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Sta	e & □\$43.75 Filing tus Certified Copy (Additional co- enclosed)	py is Ce (A	2.50 Filing Fee rtificate of Status rtified Copy dditional Copy is nelosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Addres Amendment S Division of Co Clifton Buildin 2661 Executiv Tallahassee, F	ection orporations ng e Center Circle

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation	as currentl	v filed with th	ie Florida Dept. o	of State)	
N15486					
(Docum	ient Numbei	of Corporation	on (if known)		
Pursuant to the provisions of section 617,1006, Flor amendment(s) to its Articles of Incorporation:	rida Statutes.	, this <i>Florida l</i>	Not For Profit Co.	rporation adopts th	e following
A. If amending name, enter the new name of the	corporatio	<u>n:</u>			
					The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		m" or "incorp	oorated" or the ah	breviation "Corp."	or "Inc."
B. Enter new principal office address, if applical	ble:	1230 N. US H	wy, 1, Unit 20		
(Principal office address <u>MUST BE A STREET A</u>		Ormond Beacl	n, FL 32174	- · ·	
	-				
	-		<del>-</del>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>BOX</u> )	<u></u>	· · · · · · · · · · · · · · · · · · ·		·,
					<u>ن</u> ـ
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D. If amending the registered agent and/or registered agent and/or the new registered.			orida, enter the i	name of the	دِيَ
	James Lyno				· 5
Name of New Registered Agent:	1230 N 18	Hwy 1, Unit	20		
			(Florida street ac		
New Registered Office Address:			(rtortua street at	iaressy	
	Ormond Be	rach		32174 , Florida	
		(City)		(Zip Code)	
New Registered Agent's Signature, if changing R	Registered A	gent:			
I hereby accept the appointment as registered agen			accept the obligat	ions of the position.	
	$\bigcirc$	mo VI			
_	Sig	nature di Kew	Registered Agent	, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:  X Change X Remove X Add	V Mik	n Doe se Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	CEO	James Lynch	1230 N. US Hwy. 1. Unit 20
X Add			Ormond Beach, FL 32174
Remove			<del></del>
2) Change	PD	Thomas Massebeau	794 Timothy ST
Add			Ormond Beach, FL 32174
X Remove	D/VP	George Laws	$\frac{-2}{2010 \text{ Spirit Lake Road}}$
3 ) Change Add	<del></del>	,	Winter Haven, FL 33880
X Remove			
4) Change			
Add			
5) Change Add			
Remove			
6) Change			
Add			<del></del>
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
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	December 15, 2018	
The date of each amendment(s) adop	otion:	, if other than the
late this document was signed.		
	y 1, 2019	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depa	does not meet the applicable statutory filing requirements, this date will not rtment of State's records.	be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado was/were sufficient for approval.	oted by the members and the number of votes east for the amendment(s)	
☐ There are no members or member adopted by the board of directors	rs entitled to vote on the amendment(s). The amendment(s) was/were	
Dated	. 2018	Ğ.
Signature Thus	nas Mhsubeuce	1- ; 
have not been	an or vice chairmen of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)	TO 1
Thomas M		- · · · · · · · · · · · · · · · · · · ·
	(Typed or printed name of person signing)	<i>-</i> 00
PD		
<del></del> .	(Title of person signing)	